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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|---|---|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| . Your full name | | |
| Write the name that is on your government-issued picture identification (for example, your driver's | Karan First name | First name |
| license or passport). | Middle name | Middle name |
| Bring your picture identification to your meeting with the trustee. | ng Harrison Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| All other names you have used in the last 8 years |) | |
| Include your married or maiden names. | | |
| . Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1893 | |

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| Det | otor 1 <u>Harrison, Karan L</u> | •• | Case number (if known) | | | |
|-----|---|---|--|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 1251 N Washtenaw Ave Chicago, IL 60622-2844 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook | | | | |
| | | County | County | | | |
| | • | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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| Debtor 1 Harrison, Karan L. | | | | | | Case number (if known) | | | | | |
|-----------------------------|--------------|--|--------|---|--|--|---|---------------------------|--|--|--|
| | | | | | | | | | | | |
| Par | t 2: | Tell the Court About Y | our Ba | nkruptcy Ca | Se | | | | | | |
| 7. | Bani | The chapter of the Bankruptcy Code you are choosing to file under | | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | CHOC | ising to the under | ■ Ch | apter 7 | | | | | | | |
| | | | ☐ Ch | apter 11 | | | | | | | |
| | | | ☐ Ch | apter 12 | | | | | | | |
| | | | ☐ Ch | apter 13 | | | | | | | |
| | | | | | | | | | | | |
| 8. | How | you will pay the fee | - ; | about how you | u may pay. Typically, if you are p ey is submitting your payment on | paying the fee yours | with the clerk's office in your local cou elf, you may pay with cash, cashier's ttorney may pay with a credit card or c | check, or money order. | | | |
| | | | | | the fee in installments. If you nstallments (Official Form 103A | | , sign and attach the Application for In | dividuals to Pay The | | | |
| | | | | request that not required t | it my fee be waived (You may roo, waive your fee, and may do so | request this option of only if your income | only if you are filing for Chapter 7. By le is less than 150% of the official pove | erty line that applies to | | | |
| | | | | | ze and you are unable to pay the Chapter 7 Filing Fee Waived (Of | |). If you choose this option, you must t nd file it with your petition. | ill out the Application | | | |
| | | | | | | | | | | | |
| 9. | bank | you filed for cruptcy within the last | ■ No. | | , | | | | | | |
| | 8 yea | ars? | ☐ Yes | | | | | | | | |
| | | | | District | | When | Case number | • | | | |
| | | | | District | | When | Case number | | | | |
| | | | | District | | When | Case number | | | | |
| 10. | pend | any bankruptcy cases ling or being filed by | ■ No | | | | | ,,,,, | | | |
| | this a bu | ouse who is not filing case with you, or by siness partner, or by ffiliate? | ☐ Yes | | | | | | | | |
| | | | | Debtor | | | Relationship to you | | | | |
| | | | | District | - | When | Case number, if known | | | | |
| | | | | Debtor | | | Relationship to you | | | | |
| | | | | District | | When | Case number, if known | | | | |
| 11. | | ou rent your | ■ No. | Go to 1 | ine 12. | | | | | | |
| | resid | lence? | ☐ Yes | | our landlord obtained an eviction | judgment against vo | ou and do you want to stay in your res | idence? | | | |
| | | | _ 103 | | No. Go to line 12. | , 5 | | | | | |
| | | | | _ | • | bout an Eviction Ju | dgment Against You (Form 101A) an | d file it with this | | | |
| | | | | | Tanahiel hennen | | | | | | |

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| Deb | tor 1 Harrison, Karan L | • | | | Case number (if known) | | |
|------|---|--|--|--------------------------------------|---|--|--|
| | | | | | | | |
| Pari | 3: Report About Any Bus | einaceae \ | /ou Own | se s Solo Proprieto | | | |
| | | 311103303 | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | iness | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a | | Numb | per, Street, City, Star | te & ZIP Code | | |
| | separate sheet and attach it to this petition. | | Chec | k the appropriate box | x to describe your business: | | |
| | • | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | r (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set ap deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the pro U.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | ■ No. | No. I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition Code. | | | | |
| | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankrupto | | | | |
| Pari | t4: Report if You Own or | Have Any | Hazardo | us Property or Any | Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or | ☐ Yes. | What is | the hazard? | | | |
| | safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | ١, | Number, Street, City, State & Zip Code | | |

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| Debtor 1 Harrison, Karan | <u>L.</u> | Case number (if known) |
|--|---|---|
| Part 5: Explain Your Efforts | to Receive a Briefing About Credit Counseling | |
| 15. Tell the court whether you have received a briefing about credit counseling. The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one o | About Debtor 1: You must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | About Debtor 2 (Spouse Only in a Joint Case): You must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. I received a briefing from an approved credit |
| the following choices. If yo cannot do so, you are not eligible to file. If you file anyway, the court can dismiss your case, you will lose whatever filing fee | counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | counseling agency within the 180 days before I filed |
| you paid, and your creditors can begin collection activities again. | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. |
| | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, |
| | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of: Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. Active duty. | decisions about finances. Disability. |
| | I am currently on active military duty in a military combat zone. If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. | I am currently on active military duty in a military combat zone. |

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| Deb | tor 1 Harrison, Karan L | | | Case number (if ki | nown) | | | |
|------|--|---|--|---|---|--|--|--|
| Part | 6: Answer These Question | ons for Rep | orting Purposes | | | | | |
| 16. | What kind of debts do you have? | | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as individual primarily for a personal, family, or household purpose." | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. _ | State the type of debts you owe that | t are not consumer debts or business debts | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you paid that funds will be available to d | estimate that after any exempt property is eistribute to unsecured creditors? | excluded and administrative expenses are | | | |
| | administrative expenses | | ■ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 | DX | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to be worth? | □ \$100,0 | 0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | | | |
| 20. | How much do you estimate your liabilities to be? | □ \$100,0 | 0,000 01 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| Part | 7: Sign Below | | | | | | | |
| For | you | I have exar | mined this petition, and I declare un | der penalty of perjury that the information p | rovided is true and correct. | | | |
| | | | | aware that I may proceed, if eligible, undunder each chapter, and I choose to proceed | er Chapter 7, 11,12, or 13 of title 11, United and under Chapter 7. | | | |
| | | | ey represents me and I did not pay ned and read the notice required by | or agree to pay someone who is not an atto 11 U.S.C. § 342(b). | rney to help me fill out this document, I | | | |
| | | I request r | elief in accordance with the chapte | er of title 11, United States Code, specified | in this petition. | | | |
| | X | case can r | esult in fines up to \$250,000, or imp | prisonment for up to 20 years, or both. 18 U | rty by fraud in connection with a bankruptcy I.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | 1 | | Harrison of Debtor 1 | Signature of Debtor 2 | | | | |
| | | Executed of | June 7, 2016 MM / DD / YYYY | Executed on MM / DI | D/YYYY | | | |

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| Debtor 1 Harrison, Karan I | | Case | Case number (if known) | | | |
|---|--|------------------------------|--|--|--|--|
| | | | | | | |
| For your attorney, if you are represented by one | Chapter 7, 11, 12, or 13 of title 11, United State | s Code, and have explained t | ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the se required by 11 U.S.C. § 342(b) and, in a case in | | | |
| If you are not represented by an attorney, you do not need to file this page. | which § 707(b)(4)(D) applies, certify that I have petition is incorrect. | no knowledge after an inquir | y that the information in the schedules filed with the | | | |
| | /s/ Michael R. Richmond | Date | June 7, 2016 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Michael R. Richmond | | · | | | |
| | Printed name | | | | | |
| | Heller & Richmond, Ltd. | | | | | |
| | Firm name | | | | | |
| | 33 N Dearborn St Ste 1907 | | | | | |
| | Chicago, IL 60602-3828 | | | | | |
| | Number, Street, City, State & ZIP Code | | <u> </u> | | | |
| | Contact phone (312) 781-6700 | Email address | mrichmond@hellerrichmond.com | | | |
| | 3124632 | | | | | |
| | Bar number & State | | | | | |

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| | | | Documen | <u>nt Page 8 of 46</u> | | | |
|-------------------------------|---|--|---|---|-----------------------------|---|---|
| Fill in | this inforn | nation to identify your | case and this filing: | | | | |
| Debto | or 1 | Karan L. Harriso | n | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debto | | First Name | Middle Name | Last Name | | | |
| (Spouse | e, if filing) | First Name | | | | | |
| United | d States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS, EASTERN DIVISIO | DN | | |
| Case | number | | | | | ☐ Check if this is ar | n |
| | | | | | | amended filing | |
| | | | | | | | |
| ∩ffi | cial Fo | rm 106A/B | | | | | |
| _ | | | 4 | | | | |
| Sch | nedul | e A/B: Prop | perty | | | 12/15 | |
| think it informa Answei | fits best. Be ation. If more r every ques | e as complete and accura e space is needed, attach tion. | ate as possible. If two married po a separate sheet to this form. C | e. If an asset fits in more than on eople are filing together, both are On the top of any additional page | e equally responsible for s | supplying correct | |
| Part 1: | Describe | Each Residence, Building | g, Land, or Other Real Estate Yo | ou Own or Have an Interest In | | | |
| 1. Do y | ou own or h | ave any legal or equitabl | e interest in any residence, build | ding, land, or similar property? | | | |
| | | . 0 | | | | | |
| | lo. Go to Par | | | | | | |
| ЦΥ | es. where is | s the property? | | | | | |
| Part 2: | Describe | Your Vehicles | | | | | |
| 3. Car □ N ■ Y | No . | ucks, tractors, sport ut | ility vehicles, motorcycles | | | | |
| 3.1 | Make: | Buick | Who has an interest | in the property? Check one | | I claims or exemptions. Put | |
| | _ | LaCrosse | ■ Debtor 1 only | | | ured claims on Schedule D: Claims Secured by Property. | |
| | _ | 2007 | Debtor 2 only | | Current value of the | Current value of the | |
| | Approximate | e mileage: 100 | Debtor 1 and Debt | tor 2 only | entire property? | portion you own? | |
| Г | Other inforn | nation: | At least one of the | debtors and another | | | |
| | | | Check if this is constructions) | ommunity property | \$0.00 | \$0.00 | 0 |
| Example 1 Part 3: | mples: Boat No Yes d the dolla u have atta | r value of the portion y ched for Part 2. Write | onal watercraft, fishing vessels, you own for all of your entrice that number here | rehicles, other vehicles, and a snowmobiles, motorcycle acce | entries for pages | \$0.00 Current value of the portion you own? Do not deduct secured | |
| | | | | | | claims or exemptions. | |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 | Case 16- | | Doc 1 | Filed 06/08/16 Document | Entered 06/08/16 09:2 Page 9 of 46 Case number (i | | Desc Main |
|--|---|---------------|--------------------|---|--|------------|---|
| ■ Yes. | Describe | | | | | | |
| | | misc ho | ousehold g | oods and furnishin | gs | | \$300.00 |
| □No | les: Televisions a | Il phones, ca | ameras, medi | a players, games | ent; computers, printers, scanners; mu d and 32 inch phillips TV | sic collec | tions; electronic devices \$1,000.00 |
| Example ■ No □ Yes. | | memorabilia | a, collectibles | s, or other artwork; book | s, pictures, or other art objects; stamp, | coin, or t | paseball card collections; other |
| Example ■ No □ Yes. 10. Firearr | les: Sports, photo instruments Describe | ographic, exe | ercise, and oth | | ycles, pool tables, golf clubs, skis; can | noes and I | cayaks; carpentry tools; musical |
| ■ No □ Yes. | Describe | | | , and related equipment designer wear, shoes, and | | | |
| Yes. | Describe | Necess | ary clothin | a | | | \$500.00 |
| No □ Yes. 13. Non-fa Exam_i No □ Yes. 14. Any ot ■ No | ples: Everyday je Describe nrm animals ples: Dogs, cats, Describe | birds, horse | es Id items you | | g rings, heirloom jewelry, watches, gen | | silver |
| | | | | om Part 3, including an | y entries for pages you have attach | ned for | \$1,800.00 |
| | escribe Your Fina | | iitahla intara | st in any of the followi | na? | | Current value of the |
| Do you ov | wn or nave any | iegai or equ | litable intere | st in any of the followi | ng ? | | portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | • | | r home, in a safe deposit | box, and on hand when you file your po | etition | |

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Case number (if known) Document Debtor 1 Harrison, Karan L 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Checking Account PNC Bank \$100.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ Yes. Give specific information about them...

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Desc Main

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Case number (if known) Document Debtor 1 Harrison, Karan L Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$100.00 Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

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|-------------|--|-----------------|----------------|----------------------------|------------------|---------------------------|-----------|------------|
| Debto | or 1 Harrison, I | Karan L. | | Document | Page 12 of | Case number (if known) | | |
| | Yes. Go to line 47. | | | | | | | |
| Part 7 | Describe All F | Property You | Own or Have a | n Interest in That You Dic | I Not List Above | | | |
| | o you have other pr Examples: Season tion | | | | | | | |
| | No | ,, | 0.000 | . Э | | | | |
| | Yes. Give specific in | formation | | | | | | |
| | | | | | | | | |
| 54. | Add the dollar value | of all of yo | ur entries fro | om Part 7. Write that nu | ımber here | | | \$0.00 |
| | | | | | | | | |
| Part 8 | List the Totals | of Each Part of | of this Form | | | | | |
| 55. | Part 1: Total real es | tate, line 2 | | | | | | \$0.00 |
| 56. | Part 2: Total vehicle | es, line 5 | | | \$0.00 | | | |
| 57 . | Part 3: Total persor | al and hous | ehold items, | line 15 | \$1,800.00 | | | |
| 58. | Part 4: Total financi | al assets, liı | ne 36 | | \$100.00 | | | |
| 59. | Part 5: Total busine | ss-related p | roperty, line | 45 | \$0.00 | | | |
| 60. | Part 6: Total farm- a | ınd fishing-r | elated prope | erty, line 52 | \$0.00 | | | |
| 61. | Part 7: Total other p | roperty not | listed, line 5 | 4 + | \$0.00 | | | |
| 62. | Total personal prop | erty. Add lin | es 56 through | n 61 | \$1,900.00 | Copy personal property to | tal | \$1,900.00 |
| 63. | Total of all property | on Schedu | le A/B. Add li | ne 55 + line 62 | | | \$1.9 | 900.00 |

Official Form 106A/B Schedule A/B: Property page 5

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|----------------------------------|--|--|---|--|--|---|
| Fil | I in this inform | ation to identify your case | | | AUE 13 01 40 | |
| De | ebtor 1 | Karan L. Harrison | | | | |
| | | First Name | Middle Name | L | Last Name | |
| | ebtor 2 oouse if, filing) | First Name | Middle Name | L | _ast Name | |
| Un | nited States Bar | kruptcy Court for the: NO | ORTHERN DISTRICT OF | ILLIN | OIS, EASTERN DIVISION | |
| Ca | ase number | | | | | |
| (if k | known) | | | | | ☐ Check if this is an amended filing |
| O | fficial For | m 106C | | | | |
| S | chedule | e C: The Prop | erty You Cla | im | as Exempt | 4/16 |
| propout kno | perty you listed on and attach to the own). | on <i>Schedule A/B: Property</i> (0 is page as many copies of <i>Pa</i> | Official Form 106A/B) as yo art 2: Additional Page as ne | ur sou cessa | ary. On the top of any additional pages | s exempt. If more space is needed, fill s, write your name and case number (if |
| spe app fun to a app | ecific dollar am blicable statuto ds—may be ur a particular dol blicable statuto | ount as exempt. Alternativity limit. Some exemptions of all mits and the value of t | ely, you may claim the fu —such as those for healt lowever, if you claim and f the property is determi | ıll fair th aid: exem _l | s, rights to receive certain benefits | g exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemption |
| Pa | irt 1: Identify | the Property You Claim a | s Exempt | | | |
| 1. | Which set of | exemptions are you claimi | ng? Check one only, even | if you | ır spouse is filing with you. | |
| | You are cla | iming state and federal nonba | ankruptcy exemptions. 11 | U.S.C | c. § 522(b)(3) | |
| | ☐ You are cla | iming federal exemptions. 1 | I U.S.C. § 522(b)(2) | | | |
| 2. | For any prop | erty you list on Schedule A | /B that you claim as exe | mpt, f | ill in the information below. | |
| | | on of the property and line on hat lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
| | | hold goods and | \$300.00 | _ | \$300.00 | 735 ILCS 5/12-1001(b) |
| | furnishings Line from Sch | | | | 100% of fair market value, up to any applicable statutory limit | |
| | | ead mini 4 and original | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| | Line from Sch | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Necessary | clothing edule A/B: 11.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) |
| | | | | | 100% of fair market value, up to any applicable statutory limit | |
| | PNC Bank | edule A/B. 17.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| | End non ouredure A/D. 11.1 | | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | | ning a homestead exemption | | | d on or after the date of adjustment.) | |

No

Official Form 106C

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes Case 16-18875 Doc 1 Filed 06/08/16 Entered 06/08/16 09:26:52 Desc Main Document Page 14 of 46

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|--|---|--|--|--------------------------|
| Fill in this information to identify you | r case: | | | |
| Debtor 1 Karan L. Harris First Name | ON Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | Middle Name Last Name | | | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS, EAST | ERN DIVISION | | |
| Case number(if known) | | | | if this is an |
| Official Form 106D | | | | |
| Schedule D: Creditors | Who Have Claims Secured | d by Propert | У | 12/15 |
| | If two married people are filing together, both are equ t, number the entries, and attach it to this form. On th | | | |
| . Do any creditors have claims secured by | your property? | | | |
| ☐ No. Check this box and submit th | is form to the court with your other schedules. You | have nothing else to re | port on this form. | |
| Yes. Fill in all of the information b | elow. | | | |
| Part 1: List All Secured Claims | | | | |
| | nore than one secured claim, list the creditor separately | Column A | Column B | Column C |
| | a particular claim, list the other creditors in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Security Auto Loans In | Describe the property that secures the claim: | \$6,129.00 | \$0.00 | \$6,129.00 |
| Creditor's Name | 2007 Buick LaCrosse CXS 4dr Sedan (3.6L 6cyl 4A) | | | |
| 4900 Highway 169 N Ste 2 | As of the date you file, the claim is: Check all that | | | |
| New Hope, MN 55428-4058 | apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ured | | |
| Debtor 2 only | _ | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another☐ Check if this claim relates to a community debt | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | |
| Date debt was incurred 04/01/2013 | Last 4 digits of account number 9601 | | | |
| Add the dollar value of your entries in Col | umn A on this page. Write that number here: | \$6,129 | 00 | |

If this is the last page of your form, add the dollar value totals from all pages.

\$6,129.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | Document | Page 1 | 6 of 46 | | | |
|---------------------|---|---|---|-----------------------------------|---|---------------------------------|---|---|
| =111 | in this inforr | nation to identify your c | ase: | | | | | |
| Del | btor 1 | Karan L. Harrison | 1 | | | | | |
| | | First Name | Middle Name | Last Name | | | | |
| | btor 2 | | | | | i | | |
| (Spc | ouse if, filing) | First Name | Middle Name | Last Name | | | | |
| Uni | ited States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS, EAS | TERN DIVISION | I | | |
| _ | | | | | | | | |
| | se number _ nown) | | | | | П | Check if this is an | |
| (| , | | | | | _ | amended filing | |
| _ | | | | | | | g | |
| Off | ficial Forr | n 106E/F | | | | | | |
| 3C | hedule E | /F: Creditors W | ho Have Unsecured | l Claims | | | 12/15 | |
| iche ie (ase | edule G: Execu reditors Who H Continuation P number (if kn | tory Contracts and Unexpi lave Claims Secured by Pro age to this page. If you hav | that could result in a claim. Also I red Leases (Official Form 106G). I operty. If more space is needed, ce no information to report in a Parasecured Claims. | Do not include on opy the Part yo | any creditors with partially se ou need, fill it out, number the | ecured claims entries in the | that are listed in Schedu boxes on the left. Attac | |
| | | ors have priority unsecured | | | | | | _ |
| • | No. Go to F | . , | olamo agamot you. | | | | | |
| | Yes. | alt Z. | | | | | | |
| Par | | II of Your NONPRIORITY | / Unecoured Claims | | | | | |
| | | | | | | | | _ |
| 3. | | ors have nonpriority unsec | | | | | | |
| | ☐ No. You ha | ve nothing to report in this pa | art. Submit this form to the court with | your other sche | dules. | | | |
| | Yes. | | | | | | | |
| 4. | unsecured clai | m, list the creditor separately | nims in the alphabetical order of the for each claim. For each claim listed at the other creditors in Part 3.If you | d, identify what t | type of claim it is. Do not list claim | ims already inc | cluded in Part 1. If more | |
| | _ | | | | | | Total claim | |
| 4.1 | AT&T | | Last 4 digits of acc | count number | 5761 | | \$200.00 |) |
| | • | y Creditor's Name | | 10 | 40/04/0040 | | | _ |
| | | lland Bankruptcy Deլ ndrews Hwy | partm When was the deb | t incurred? | 12/01/2013 | | _ | |
| | | d, TX 79706 | | | | | | |
| | Number S | Street City State Zlp Code | As of the date you | file, the claim | is: Check all that apply | | | |
| | Who incu | rred the debt? Check one. | | | | | | |
| | Debto | r 1 only | ☐ Contingent | | | | | |
| | ☐ Debto | r 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debto | r 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At leas | st one of the debtors and ano | ther Type of NONPRIO | RITY unsecure | d claim: | | | |
| | ☐ Check | if this claim is for a comm | nunity | | | | | |
| | debt | | | | aration agreement or divorce that | at you did not | | |
| | _ | im subject to offset? | report as priority cla | | | | | |
| | ■ No | | ☐ Debts to pension | n or profit-sharir | ng plans, and other similar debts | S | | |
| | ☐ Yes | | Other. Specify | | | | _ | |
| | | | | | | | | |

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Debtor 1 Harrison, Karan L. Case number (if know) 4.2 \$2,488.00 COMED Last 4 digits of account number 0600 Nonpriority Creditor's Name When was the debt incurred? Unknown 2100 SWIFT DRIVE OAK BROOK, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Go Financial Last 4 digits of account number 8501 \$7,751.00 Nonpriority Creditor's Name When was the debt incurred? 05/01/2015 7465 E Hampton Ave Mesa, AZ 85209-3328 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 Last 4 digits of account number \$41.00 **Metropolitan Advanced Radiolog** 3524 Nonpriority Creditor's Name When was the debt incurred? 07/01/2014 3249 Oak Park Ave Berwyn, IL 60402-3429 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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| Debioi | Harrison, Karan L. | | Case number (if know) | |
|--|--|--|--|-------------------------|
| 4.5 | Peoples Engy Nonpriority Creditor's Name | Last 4 digits of account number | 3114 | \$185.00 |
| | Nonpholity Creditor's Name | When was the debt incurred? | 08/05/2015 | |
| | 200 E Randolph St Chicago, IL 60601-6436 Number Street City State Zlp Code | As of the date you file, the claim | | - |
| | Who incurred the debt? Check one. | • | , | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | ☐ Yes | _ | (g p) | |
| | | | | - |
| 4.6 | T-Mobile | Last 4 digits of account number | 5999 | \$198.00 |
| | Nonpriority Creditor's Name T Mobile Bankruptcy PO Box 37380 | When was the debt incurred? | 12/01/2013 | - |
| | Albuquerque, NM 87176-7380 | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | Other. Specify | | - |
| Part 3: | List Others to Be Notified About a Del | nt That You Already Listed | | |
| i. Use th is tryii have i notifie | is page only if you have others to be notified and to collect from you for a debt you owe to somore than one creditor for any of the debts that do not fill out on the debts in Parts 1 or 2, do not fill out on the debts in Parts 1 or 2, do not fill out on the debts in Parts 1 or 2, do | about your bankruptcy, for a debt that y omeone else, list the original creditor ir at you listed in Parts 1 or 2, list the addi | Parts 1 or 2, then list the collection agency | here. Similarly, if you |
| | nd Address | On which entry in Part 1 or Part 2 did you Line 4.4 of (<i>Check one</i>): | _ | |
| Atg C: | V Cortland St Ste 2 | _ (| Part 1: Creditors with Priority Unsecured Clai | |
| | go, IL 60622-1131 | • | Part 2: Creditors with Nonpriority Unsecured | Claims |
| | | Last 4 digits of account number | 3524 | |
| | nd Address | On which entry in Part 1 or Part 2 did you | _ | |
| | redit LLC N Cortland St Ste 2 | | Part 1: Creditors with Priority Unsecured Clai | |
| | go, IL 60622-1131 | • | Part 2: Creditors with Nonpriority Unsecured | Claims |
| | - | Last 4 digits of account number | 3524 | |
| | nd Address | On which entry in Part 1 or Part 2 did you | _ | |
| Cci | roone St | <u>_</u> | Part 1: Creditors with Priority Unsecured Clai | |
| | reene St sta, GA 30901-4404 | | Part 2: Creditors with Nonpriority Unsecured | Claims |
| ugu | , | Last 4 digits of account number | 0600 | |

Official Form 106 E/F

On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 Harrison, Karan L. | | Case number (f know) | |
|-----------------------------|--------------------------------------|---|--|
| Cci/Contract Callers Inc | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 3000 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Augusta, GA 30914-3000 | Last 4 digits of account number | 0600 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Enhanced Recovery Co L | Line 4.1 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 8014 Bayberry Rd | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Jacksonville, FL 32256-7412 | Last 4 digits of account number | 5761 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Enhanced Recovery Co L | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 8014 Bayberry Rd | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Jacksonville, FL 32256-7412 | Last 4 digits of account number | 5999 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Erc/Enhanced Recovery Corp | Line 4.1 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 8014 Bayberry Rd | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Jacksonville, FL 32256-7412 | Last 4 digits of account number | 5761 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Erc/Enhanced Recovery Corp | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 8014 Bayberry Rd | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Jacksonville, FL 32256-7412 | Last 4 digits of account number | 5999 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Peoples Gas | Line 4.5 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 200 E Randolph St Fl 20 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Chicago, IL 60601-6431 | Last 4 digits of account number | 3114 | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | • | Total Claim |
|-----------------------------|-----|---|-----|----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | • | 0.00 |
| Hom Fait I | OD. | | | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim 0.00 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 10,863.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 10,863.00 |

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| | | DUGUILE | III Paue 70 01 40 | |
|------------------------|--------------------------|-------------------|-----------------------------|----|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Karan L. Harriso | n | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISI | ON |
| Case number (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | whom you have the r, Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

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| Fill in this i | information to identify your | case: | eni Paue / Lui | 40 |
|---|---|--|--|---|
| Debtor 1 | Karan L. Harriso | า | | |
| Dobtor 2 | First Name | Middle Name | Last Name | |
| Debtor 2 Spouse if, filin | g) First Name | Middle Name | Last Name | |
| Jnited Stat | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN | DIVISION |
| Case numb | oer | | | |
| if known) | | | | ☐ Check if this is an amended filing |
| Official | Form 106H | | | |
| | ule H: Your Cod | ehtors | | 12/15 |
| Jonica | alc III. I dai doa | CDtOIG | | 12/13 |
| ■ No □ Yes 2. With Californ ■ No. □ Yes. 3. In Coluline 2 a | nia, Idaho, Louisiana, Nevada, Go to line 3. Did your spouse, former spous Imn 1, list all of your codebto again as a codebtor only if th | lived in a community pro New Mexico, Puerto Rico, se, or legal equivalent live w ors. Do not include your s at person is a guarantor | pperty state or territory? Texas, Washington, and with you at the time? spouse as a codebtor if or cosigner. Make sure | (Community property states and territories include Arizona, |
| Colum | | ,, | , | Column 2: The creditor to whom you owe the debt |
| | lame, Number, Street, City, State and Z | IP Code | | Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street City | State | ZIP Code | - |
| | | | | |
| 3.2 | Nama | | | Schedule D, line |
| ľ | Name | | | ☐ Schedule E/F, line ☐ Schedule G, line |
| _ | de la constant de la | | | - Scriedule G, line |
| | Number Street City | State | ZIP Code | |

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| Fill | in this information to identify your ca | se: | | | | | | | | |
|------|---|----------------------|---------------------------------|-------------|------|---------------|--------------|--------------|------------------------|------------|
| Deb | otor 1 Karan L. Har | rison | | | | | | | | |
| | otor 2 use, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, EA | ASTERN | | | | | | |
| | se number Jown) | | - | | | □ A | | ed filing | g postpetition o | chapter 13 |
| O | fficial Form 106I | | | | | M | M / DD/ \ | /YYY | | |
| S | chedule I: Your Inco | me | | | | | | | | 12/1 |
| atta | t1: Describe Employment information. | | | | | | ber (if kn | nown). Ans | | |
| | If you have more than one job, | | ■ Employed | | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | I | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Cashier | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | ALDIS INC. | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1200 N Kirk R Batavia, IL 60 | | | | | | | |
| | | How long employed th | nere? 3 yea | rs | | | _ | | | |
| Par | t 2: Give Details About Mont | thly Income | | | | | | | | |
| unle | mate monthly income as of the dates you are separated. u or your non-filing spouse have more | | - | | | | | | | |
| spac | e, attach a separate sheet to this forn | n. | | ror an empi | Oyon | o ioi tiiat p | 0010011 011 | uic iiiico b | olow. II you no | ou more |
| | | | | | | For Deb | tor 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 1, | 375.26 | \$ | N/A | |
| 3. | Estimate and list monthly overting | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line | 2 + line 3. | | 4. | \$ | 1,37 | '5.26 | \$ | N/A | |

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| Deb | otor 1 | Harrison, Karan L. | _ | (| Case | number (if kn | own) | | | | | |
|-----|--------------------|---|--------------|----------------|-------------|---------------|------|----------|--------------------|-------|------------------|------------|
| | | | | | For | Debtor 1 | | non- | Debtor filing s | spous | | |
| | Col | by line 4 here | 4. | | \$_ | 1,375 | .26 | \$ | | N | <u>/A</u> | |
| 5. | List | t all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ۱. | \$ | 272 | .09 | \$ | | N | /A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$_ | 0 | .00 | \$ | | N | /A | |
| | 5c. | Voluntary contributions for retirement plans | 5c | : . | \$_ | 0 | .00 | \$ | | N | /A | |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$_ | | .00 | . \$ | | | /A | |
| | 5e. | Insurance | 5e | | \$_ | | .18 | . \$ | | | <u>/A</u> | |
| | 5f. | Domestic support obligations | 5f. | | \$_ | | .00 | · | | | /A_ | |
| | 5g. | Union dues | 5g | | \$_ | | .00 | — | | | <u>/A</u> | |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ _ | | .00 | + \$ | | | <u>/A</u> | |
| 6. | | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ _ | 299 | | \$ | | | <u>/A</u> | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ _ | 1,075 | .99 | \$ | | N | /A_ | |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | 1. | \$ | 0 | .00 | \$ | | N | /A | |
| | 8b. | Interest and dividends | 8b | | \$- | | .00 | · | | | <u>/A</u> | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | ; <u>.</u> | \$ | | .00 | \$ | | | /A | |
| | 8d. | Unemployment compensation | 8d | l. | \$ | | .00 | <u> </u> | | | /A | |
| | 8e. | Social Security | 8e |) . | \$ | 0 | .00 | \$ | | N | /A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | _ | \$ | 0 | .00 | \$ | | N | /A | |
| | 8g. | Pension or retirement income | <u> —</u> 8д | J. | \$_ | | .00 | \$ | | N | /A | |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$_ | 0 | .00 | + \$ | | N | /A | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 9 | <u> </u> | 0 | .00 | \$ | | | N/A | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 1,075.99 | + \$ | | N/A |]=[\$ | 1 | ,075.99 |
| | | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | 1,070.00 | Ľ | | | ŀĽ | | ,010.00 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avecify: | epende | | | | | | ule J. 11. | +\$_ | | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | | _{IS} 12. | \$_ | | ,075.99 |
| | | | | | | | | | | | bined thly in | d ncome |
| 13. | Do □ | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | | | | |

Schedule I: Your Income

page 2

Official Form 106I

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| Fill | in this information to identify your case: | | | | |
|---------------|---|---|----------|--------------------------------------|-------------------------------|
| Deb | tor 1 Karan L. Harrison | | Che | ck if this is: | |
| | - | | | An amended filing | |
| | tor 2 | | | A supplement show expenses as of the | ring postpetition chapter 13 |
| (Opt | 7000, II IIIIIg/ | | | • | Tollowing date. |
| Unit | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING EASTERN DIVISION | OIS, | | MM / DD / YYYY | |
| Cas | e number | | | | |
| (If kı | nown) | | | | |
| Oi | ficial Form 106J | | | | |
| Sc | chedule J: Your Expenses | | | | 12/15 |
| info (if k | as complete and accurate as possible. If two married people are prmation. If more space is needed, attach another sheet to this for mown). Answer every question. | | | | |
| Par 1. | Is this a joint case? | | | | |
| •• | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? | | | | |
| | | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses f | or Separate Household | of Debto | r 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relations Debtor 1 or Debtor 2 | ship to | Dependent's age | Does dependent live with you? |
| | Do not otato the | | | | □ No |
| | Do not state the dependents names. | son | | 4 | ■ Yes |
| | · | | | | □No |
| | | Daughter | | 9 | ■ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| _ | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| Est exp | imate your expenses as of your bankruptcy filing date unless yo enses as of a date after the bankruptcy is filed. If this is a supple licable date. | | | | |
| | | | | | |
| valı | ude expenses paid for with non-cash government assistance if y ue of such assistance and have included it on Schedule I: Your II icial Form 106I.) | | | Your expo | enses |
| | | | | | |
| 4. | The rental or home ownership expenses for your residence. Incompayments and any rent for the ground or lot. | clude first mortgage | 4. \$ | S | 500.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | S | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | · | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| _ | 4d. Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5 | Additional mortgage payments for your residence, such as home | e equity loans | 5 9 | | 0.00 |

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| Debtor 1 | Harrison, Karan L. | se num | ber (if known) | |
|-----------------|---|-------------|----------------|--------------------------|
| 6. Utili | ties: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 335.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. Foo | d and housekeeping supplies | - 7. | \$ | 600.00 |
| | dcare and children's education costs | 8. | \$ | 200.00 |
| | hing, laundry, and dry cleaning | 9. | \$ | 300.00 |
| | sonal care products and services | 10. | \$ | 300.00 |
| | ical and dental expenses | 11. | \$ | 0.00 |
| | sportation. Include gas, maintenance, bus or train fare. | | Ψ | 0.00 |
| | not include car payments. | 12. | \$ | 60.00 |
| | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | ritable contributions and religious donations | 14. | · | 0.00 |
| 5. Ins u | • | | | 0.00 |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| 15b. | Health insurance | 15b. | | 0.00 |
| | Vehicle insurance | 15c. | \$ | 320.00 |
| | Other insurance. Specify: | 15d. | · | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | · | 0.00 |
| Spe | cify: | 16. | \$ | 0.00 |
| | allment or lease payments: Car payments for Vehicle 1 | 170 | ¢ | 0.00 |
| | . , | 17a. | · | 0.00 |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | Other. Specify: | 17c. | \$ | 0.00 |
| | Other. Specify: | _ 17d. - | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | 18. | \$ | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106l). er payments you make to support others who do not live with you. | 10. | \$ | 0.00 |
| Spe | | 19. | Ψ | 0.00 |
| | er real property expenses not included in lines 4 or 5 of this form or on Schedule | _ | r Income. | |
| | Mortgages on other property | 20a. | | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| | er: Specify: | | +\$ | |
| | · · · | - 41. | - Ψ | 0.00 |
| | culate your monthly expenses | | • | 0.045.00 |
| | Add lines 4 through 21. | | \$ | 2,815.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | _ |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,815.00 |
| | culate your monthly net income. | | _ | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 1,075.99 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,815.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your monthly net income. | 23c. | \$ | -1,739.01 |
| For e | rou expect an increase or decrease in your expenses within the year after you file example, do you expect to finish paying for your car loan within the year or do you expect your mo fication to the terms of your mortgage? | | | e or decrease because of |
| I N | | | | |
| □ Y | res. Explain here: | | | |

| Fill in this infor | mation to identify your | case: | | | | |
|---------------------------------|--|---------------------------|------------------------------|-----------------------|---------------------------|-------------|
| Debtor 1 | Karan L. Harrison | n | | | | |
| | First Name | Middle Name | Last Name | 1 | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| | | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS, EASTERN D | IVISION | | |
| Case number | | | | 1 | | |
| (if known) | | | | 1 | ☐ Check if this | s is an |
| | | | | | amended fil | ing |
| | | | | | | |
| Official For | m 106Dec | | | | | |
| | Color | les allestates a | I Dalataula Cal | | | |
| Declara | tion About a | an individua | I Debtor's Scl | neaules | | 12/15 |
| ! | | hath are equally record | asible for supplying correct | t information | | |
| if two married pe | eopie are filing together, | , both are equally respon | nsible for supplying correct | i mormation. | | |
| You must file thi | is form whenever you fil | e bankruptcy schedules | or amended schedules. Ma | aking a false staten | nent, concealing prope | erty, or |
| | y or property by fraud ir 8 U.S.C. §§ 152, 1341, 1 | | ruptcy case can result in fi | nes up to \$250,000 | , or imprisonment for i | up to 20 |
| years, or both. I | 0.5.0. 99 152, 1541, 16 | 515, and 5571. | | | | |
| | | | | | | |
| Sig | n Below | | | | | |
| MALE STREET | | | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out ban | kruptcy forms? | | |
| | | | | | | |
| ■ No | | | | | | |
| ☐ Yes. | Name of person | | | Attach Bani | kruptcy Petition Prepare | r's Notice, |
| 347035300 | American Security of the Security Secur | | | Declaration | , and Signature (Official | Form 119) |
| | | | | | | |
| Under pena | alty of perjury, I declare | that I have read the sum | mary and schedules filed w | vith this declaration | n and | |
| that they ar | e true and correct. | | | | | |
| (xh | ra Hover | | X | | | |
| Karan | L. Harrison | | Signature of D | ebtor 2 | | |
| | re of Debtor 1 | | | | | |
| 5.4 | | | Data | | | |
| Date | June 7, 2016 | | Date | | | |

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| | Docume | nt Page 27 of 46 | | |
|--------------------------|---------------------------------|---|--|--|
| mation to identify your | case: | | | |
| Karan L. Harriso | n | | | |
| First Name | Middle Name | Last Name | | |
| | | | | |
| First Name | Middle Name | Last Name | | |
| ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVI | SION | |
| | | | | Check if this is an mended filing |
| | Karan L. Harrison First Name | Karan L. Harrison First Name Middle Name First Name Middle Name | Karan L. Harrison First Name Middle Name Last Name First Name Middle Name Last Name | Karan L. Harrison First Name Middle Name Last Name |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| - | | | |
|-----|---|--------------|-------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 1,900.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 1,900.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | Your lia | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 6,129.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &chedule E/F | \$ | 10,863.00 |
| | Your total liabilities | \$ | 16,992.00 |
| Par | 13: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 1,075.99 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,815.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of | her schedul | es. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fam | nily, or household |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo | ox and subm | nit this form to the |

court with your other schedules.

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Debtor 1 Harrison, Karan L.

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ 2,989.79 |
|----|--|----------------|
| | | |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| From Fait 4 on Schedule E/F, copy the following. | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Fill | l in this info | rmation to identify you | r case: | | | |
|---------------|------------------------------|--|--|--|---|---|
| De | btor 1 | Karan L. Harris | on | | | |
| De | btor 2 | First Name | Middle Name | Last Name | 1 | |
| 10000 | ouse if, filing) | First Name | Middle Name | Last Name | * | |
| Un | ited States B | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DI | VISION | |
| | se number | | · | | | |
| (if k | nown) | | | à | | Check if this is an amended filing |
| Or | | | | | | • |
| Of | fficial F | orm 107 | | | | |
| _ | | | Affairs for Indivi | duals Filing for I | Bankruptcy | 4/16 |
| info (if k | ormation. If known). Answ | more space is needed, wer every question. | attach a separate sheet to t | his form. On the top of any | equally responsible for sup additional pages, write you | |
| Pa | rt 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is yo | ur current marital statu | ıs? | | | |
| | ☐ Marrie | N. 10 | | | | |
| | Not m | arried | | | | |
| 2. | During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No ■ Yes. L | ist all of the places you li | ved in the last 3 years. Do not | include where you live now. | | |
| | | Prior Address: | Dates Debtor 1 | MADE THE SELECTION OF THE PROPERTY OF THE PROP | Address: | Dates Debtor 2 lived there |
| | | Monroe St , IL 60644-4053 | From-To: 01/151/16 | ☐ Same as Debto | r 1 | ☐ Same as Debtor 1 From-To: |
| | | awler Ave , IL 60651-3001 | From-To: 6 years to 01 | ☐ Same as Debto | r 1 | ☐ Same as Debtor 1 From-To: |
| 3. stat | es and territo | | | | nity property state or territo Rico, Texas, Washington and | • |
| | ■ No □ Yes. N | Make sure you fill out Sch | edule H: Your Codebtors (Off | icial Form 106H). | | |
| | | (MENDAMON - MICHAEL) (1111 | A CONTRACTOR OF THE PROPERTY O | • | | |
| Pa | rt 2 Expl | ain the Sources of You | r Income | | | |
| 4. | Fill in the to | otal amount of income yo | nployment or from operatin ou received from all jobs and a nave income that you receive t | all businesses, including par | | endar years? |
| | □ No | | | | | |
| | Yes. F | Fill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |

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| De | btor 1 <u>H</u> | arrison, Ka | ran L. | | Case | e number(if known) | |
|----|---------------------------------|--|---|---|--|--|---|
| | | | | | | | |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | |
| | | ndar year: o December : | 31, 2015) | ■ Wages, commissions, bonuses, tips | \$30,460.00 | ☐ Wages, commonuses, tips | nissions, |
| | | | | ☐ Operating a business | | Operating a b | ousiness |
| | | idar year be December | | ■ Wages, commissions, bonuses, tips | \$26,218.00 | ☐ Wages, commo | nissions, |
| | | | | ☐ Operating a business | | Operating a b | usiness |
| 5. | Include ir other pub you are fi | icome regardi lic benefit pay ling a joint cas | ess of whether ments; pension se and you ha | | ples of other income are alimindends; money collected from gether, list it only once under [| lawsuits; royalties; Debtor 1. | Social Security, unemployment, an and gambling and lottery winnings. |
| | cs | . 1 111 111 1110 110 | .taiio. | | | | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of Inco Describe below. | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | st Certain Pa | yments You | Made Before You Filed for B | ankruptcy | | |
| 6. | Are eithe | Neither De | ebtor 1 nor E | s debts primarily consumer ebtor 2 has primarily consur personal, family, or household (| ner debts. Consumer debts | are defined in 11 U. | S.C. § 101(8) as *incurred by an |
| | | During the | 90 days befo | re you filed for bankruptcy, did | you pay any creditor a total of | \$6,425* or more? | |
| | | □ No. | Go to line | ' . | | | |
| | | ☐ Yes | creditor. De payments t | | nestic support obligations, su y case. | ch as child support | ts and the total amount you paid tha and alimony. Also, do not include ustment. |
| | ■ Yes | . Debtor 1 d | or Debtor 2 o | r both have primarily consur | mer debts. | | |
| | | ■ No. | Go to line | 7 . | | | |
| | | □ Yes | List below | each creditor to whom you paid or domestic support obligations | | | paid that creditor. Do not include include payments to an attorney for |
| | Credito | r's Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this payment for |
| 7. | Insiders i | nclude your rou are an office | elatives; any g er, director, pe | bankruptcy, did you make a general partners; relatives of any grson in control, or owner of 20° rietor. 11 U.S.C. § 101. Include | y general partners; partnership % or more of their voting secu | os of which you are rities; and any mana | a general partner; corporations of ging agent, including one for a |
| | ■ No | t jet all narm | ents to an ins | ider | | | |
| | | s Name and | | Dates of payme | nt Total amount paid | Amount you still owe | Reason for this payment |

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| De | eptor 1 Harrison, Karan L. | | Case | e number (if known) | | | |
|-----|--|-----------------------------|-------------------------|----------------------|-------------------------------------|------------------|--|
| | | | | | | | |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosig | | ments or transfer an | y property on acc | ount of a debt th | nat benefited an | |
| | No. | | | | | | |
| | ■ No □ Yes. List all payments to an insider | | | | | | |
| | | Datas of maximum | Total amount | A | Dooren for thi | | |
| | Insider's Name and Address | Dates of payment | paid | Amount you still owe | Reason for this Include creditor | | |
| Pa | irt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes. | | | | | | |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the c | ase | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | erty repossessed, for | eclosed, garnish | ed, attached, sei | zed, or levied? | |
| | ☐ No. Go to line 11. | | | | | | |
| | Yes. Fill in the information below. | | | | | | |
| | | Describe the Brenerty | | Date | | Value of the | |
| | Creditor Name and Address | Describe the Property | | Date | | property | |
| | | Explain what happened | i | | | | |
| | Go Financial | 2008 BMW 750 i | | 03/16 | ; | \$15,000.00 | |
| | | Property was reposse | hesed | | | | |
| | | ☐ Property was foreclos | | | | | |
| | • | ☐ Property was garnishe | | | | | |
| | | ☐ Property was attached | d, seized or levied. | | | | |
| | - | | | | | | |
| 11. | Within 90 days before you filed for bankrup | | uding a bank or fina | ncial institution, | set off any amou | nts from your | |
| | accounts or refuse to make a payment beca | ause you owed a debt? | | | | | |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Creditor Name and Address | Describe the action the | e creditor took | Date : taken | action was | Amount | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | |
| | ■ No | | | | | | |
| | ☐ Yes | | | | | | |
| | ert 5: List Certain Gifts and Contributions | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 13. | Within 2 years before you filed for bankrup ☐ No | tcy, did you give any gift: | s with a total value or | f more than \$600 | per person? | | |
| | Yes. Fill in the details for each gift. | | | | | | |
| | Gifts with a total value of more than \$600 j | per Describe the gifts | | | you gave | Value | |
| | person | | | the g | πs | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | |

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| Deb | tor 1 Harrison, Karan L. | C | ase number(if known) | |
|------|---|--|---|---------------------------|
| | | · · · · · · · · · · · · · · · · · · · | | |
| | Gifts with a total value of more than \$60 person | 0 per Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| | Kimberly Harrison 5511 W Monroe St Chicago, IL 60644-4053 | to help support mother | 11/15 | \$650.00 |
| | Person's relationship to you: mother | | | |
| 4. | | uptcy, did you give any gifts or contributions | with a total value of more than \$6 | 00 to any charity? |
| | NoYes. Fill in the details for each gift or co | ontribution. | | |
| | Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | · | Dates you contributed | Value |
| Pan | 6: List Certain Losses | , | | |
| | Within 1 year before you filed for bankru or gambling? | ptcy or since you filed for bankruptcy, did you | u lose anything because of theft, f | fire, other disaster, |
| | ■ No | | | |
| | Yes. Fill in the details. | . | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the los Include the amount that insurance has paid. Lis insurance claims on line 33 ofSchedule A/B: Pr | st pending loss | Value of property lost |
| Pari | 7: List Certain Payments or Transfers | 3 | | |
| | consulted about seeking bankruptcy or p | ptcy, did you or anyone else acting on your b preparing a bankruptcy petition? eparers, or credit counseling agencies for services | | to anyone you |
| | □ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | Description and value of any proper transferred | rty Date payment or transfer was made | Amount of payment |
| | Heller & Richmond, Ltd. 33 N Dearborn St Ste 1907 Chicago, IL 60602-3828 | 0.00 | 06/07/15 | \$750.00 |
| | | ptcy, did you or anyone else acting on your b litors or to make payments to your creditors? you listed on line 16. | | to anyone who |
| | ■ No □ Yes. Fill in the details. | | | |
| | Yes. Fill in the details. Person Who Was Paid Address | Description and value of any proper transferred | rty Date payment or transfer was | Amount of payment |
| 8. | Within 2 years before you filed for bankr | uptcy, did you sell, trade, or otherwise transfe | made er any property to anyone, other t | han property |

transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include

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| De | otor 1 <u>Harrison, Karan L.</u> | | Case num | nber (if known) | |
|---|--|--|---------------------------|---|---|
| | | | | | |
| | gifts and transfers that you have already listed on | this statement. | | | |
| | ■ No | | | | |
| | ☐ Yes. Fill in the details. | | | | |
| | Person Who Received Transfer Address | Description and value property transferred | paym | ribe any property or ents received or debts in exchange | Date transfer was made |
| | Person's relationship to you | | paid i | ii exciialiye | • |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prote | | pperty to a self-settled | I trust or similar device o | f which you are a |
| | ■ No | • | | | |
| | ☐ Yes. Fill in the details. | | | | |
| | Name of trust | Description and value | of the property trans | ferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Inst | truments, Safe Deposit Box | es, and Storage Units | | • |
| 20. Within 1 year before you filed for bankruptcy, were any financial according moved, or transferred? Include checking, savings, money market, or other financial account houses, pension funds, cooperatives, associations, and other financial | | | ertificates of deposit; | • | • |
| | ■ No | | | | • |
| | ☐ Yes. Fill in the details. | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | pe of account or strument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yeash, or other valuables? | ear before you filed for ban | kruptcy, any safe dep | osit box or other deposit | ory for securities, |
| | ■ No | | | | |
| | ☐ Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access Address (Number, Street, and ZIP Code) | | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | r place other than your hom | e within 1 year before | you filed for bankruptcy | 1? |
| | ■ No | | | | |
| | ☐ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had a to it? Address (Number, Street, and ZIP Code) | | the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control f | for Someone Else | | | |
| 23. | Do you hold or control any property that son someone. | neone else owns? Include a | ny property you borro | owed from, are storing fo | or, or hold in trust for |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | , | Where is the present | 2 Deceribe | the manager | Value |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property (Number, Street, City, State Code) | and ZIP | the property | Value |
| | Bernard Roach 5511 W Monroe St Chicago, IL 60644-4053 | PNC Bank | deposit | at bank | \$125.00 |

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| Dei | otor 1 | Harrison, Karan L. | | Case number(if known) | |
|-----|--------|---|--|---|--------------------------|
| | | | | | |
| Pai | t 10: | Give Details About Environmental Info | rmation | | |
| or | the p | urpose of Part 10, the following definition | ns apply: | | |
| _ | _ • | | | | |
| | toxic | • | or local statute or regulation concerning e air, land, soil, surface water, groundwat wastes, or material. | • | |
| | | means any location, facility, or property , operate, or utilize it, including disposal | as defined under any environmental law sites. | , whether you now own, operate, | or utilize it or used to |
| | | ardous material means anything an envi erial, pollutant, contaminant, or similar te | ronmental law defines as a hazardous wa erm. | ste, hazardous substance, toxic s | substance, hazardous |
| Rep | ort ai | l notices, releases, and proceedings that | t you know about, regardless of when the | y occurred. | |
| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable un | der or in violation of an environm | nental law? |
| | _ | No | | | |
| | | Yes. Fill in the details. | | | |
| | | ne of site iress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have | you notified any governmental unit of a | any release of hazardous material? | | |
| | | No | | | |
| | | Yes. Fill in the details. | | | |
| | | ne of site Iress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have | e you been a party in any judicial or adm | inistrative proceeding under any environ | mental law? Include settlements | and orders. |
| | | No | | | |
| | | Yes. Fill in the details. | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | lature of the case | Status of the case |
| Pai | t 11: | Give Details About Your Business or C | Connections to Any Business | | |
| | | | cy, did you own a business or have any o | f the following connections to an | u husingas? |
| | WILL | - | ry, did you own a business of have any o | • | y business? |
| | | | any (LLC) or limited liability partnership (| - | |
| | | ☐ A partner in a partnership | any (LLO) of infinited nability partiters inp (| LLF | |
| | | ☐ An officer, director, or managing exe | autivo of a corneration | | |
| | | _ | · | | |
| | _ | ☐ An owner of at least 5% of the voting | • • | | |
| | _ | No. None of the above applies. Go to Pa | | | |
| | | Yes. Check all that apply above and fill | | P | |
| | Add | siness Name Iress | Describe the nature of the business | Employer Identification numl Do not include Social Securit | |
| | (Nun | nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | |

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| Debtor 1 | Harrison, Karan L. | Case number (if ki | nown) |
|----------------------|--|---|---|
| 28. With insti | in 2 years before you filed for bankrupt tutions, creditors, or other parties. | cy, did you give a financial statement to anyone about yo | our business? Include all financial |
| | No Yes. Fill in the details below. | | |
| | ne Iress nber, Street, City, State and ZIP Code) | Date Issued | |
| Part 12: | Sign Below | | |
| true and obankrupto | correct. I understand that making a false cy case can result in fines up to \$250,00 §§ 152, 1341, 1519, and 3571. | ancial Affairs and any attachments, and I declare under pestatement, concealing property, or obtaining money or 0, or imprisonment for up to 20 years, or both. | enalty of perjury that the answers are property by fraud in connection with a |
| | Harrison e of Debtor 1 | Signature of Debtor 2 | |
| Date _J | une 7, 2016 | Date | |
| Did you a ■ No □ Yes | ttach additional pages to Your Stateme | nt of Financial Affairs for Individuals Filing for Bankrupto | cy (Official Form 107)? |
| Did you p ■ No | ay or agree to pay someone who is not | an attorney to help you fill out bankruptcy forms? | |
| ☐ Yes. N | ame of Person Attach the Bankrup | otcy Petition Preparer's Notice, Declaration, and Signature (O | fficial Form 119). |

AT&T c/o Midland Bankruptcy Departm 5407 Andrews Hwy Midland, TX 79706

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131

Atg Credit LLC 1700 W Cortland St Ste 2 Chicago, IL 60622-1131

Cci 501 Greene St Augusta, GA 30901-4404

Cci/Contract Callers Inc PO Box 3000 Augusta, GA 30914-3000

COMED 2100 SWIFT DRIVE OAK BROOK, IL 60523

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256-7412 Erc/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256-7412

Go Financial 7465 E Hampton Ave Mesa, AZ 85209-3328

Metropolitan Advanced Radiolog 3249 Oak Park Ave Berwyn, IL 60402-3429

Peoples Engy 200 E Randolph St Chicago, IL 60601-6436

Peoples Gas 200 E Randolph St Fl 20 Chicago, IL 60601-6431

Security Auto Loans In 4900 Highway 169 N Ste 2 New Hope, MN 55428-4058

T-Mobile T Mobile Bankruptcy PO Box 37380 Albuquerque, NM 87176-7380

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United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | | Case No. | |
|-----------------------------|--|---|----|
| Harrison, Karan L. | | Chapter 7 | |
| | Debtor(s) | | |
| | VERIFICATION OF CRED | ITOR MATRIX | |
| | | Number of Creditors | 10 |
| The above-named Debtor(s) h | ereby verifies that the list of creditors is | s true and correct to the best of my (our) knowledge. | |
| Date: June 7, 2016 | Lhora Hon Debtor | t | |
| | Joint Debtor | | _ |

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| Fill in this informa | ation to identify your o | :ase: | | |
|--|--|---|--|---|
| Debtor 1 | Karan L. Harrisor | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bank | kruptcy Court for the: | NORTHERN DIST | FRICT OF ILLINOIS, EASTERN DIVISION | |
| | maple) countries inc. | | | |
| Case number (if known) | | | , | ☐ Check if this is an amended filing |
| | | | | amonada ming |
| Off: -: -! E | 100 | | | |
| Official For | | | | - |
| Statemen | t of Intentio | n for Indiv | iduals Filing Under Chapteر | er 7 12/15 |
| Notice of the Control | dual filing under chap | | out this form if: | |
| The state of the s | claims secured by you | | | |
| You must file this | | thin 30 days after y | t expired. ou file your bankruptcy petition or by the date set fi time for cause. You must also send copies to the c | |
| | ple are filing together the form. | in a joint case, both | n are equally responsible for supplying correct info | rmation. Both debtors must sign |
| | | . 16 | | |
| | d accurate as possible ir name and case num | | needed, attach a separate sheet to this form. On the | top of any additional pages, |
| Dorld Lint Vou | O dik \A/h . 11 | 0 | | |
| Part 1: List You | ır Creditors Who Have | Secured Claims | | |
| For any creditor information below | | rt 1 of Schedule D: | Creditors Who Have Claims Secured by Property (C | Official Form 106D), fill in the |
| | litor and the property th | nat is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's Se | curity Auto Loans | l n | Surrender the property. | ■ No |
| name: | • | | Retain the property and redeem it. | |
| Description of | 2007 Buick LaCros | see CYS 4dr | ☐ Retain the property and enter into a Reaffirmation | ☐ Yes |
| (3) (4) | Sedan (3.6L 6cyl 4 | | Agreement. Retain the property and [explain]: | |
| securing debt: | , - | | | _ |
| Date History | | | | |
| Part 2: List You For any unexpired | ir Unexpired Personal personal property lea | Property Leases ase that you listed in | n Schedule G: Executory Contracts and Unexpired | Leases (Official Form 106G), fill in |
| the information be | low. Do not list real es | state leases. Unexpi | ired leases are leases that are still in effect; the leas ustee does not assume it. 11 U.S.C. § 365(p)(2). | e period has not yet ended. You |
| Describe your une | expired personal prop | erty leases | | Will the lease be assumed? |
| Lessor's name: | | | | □ No |
| Description of lease Property: | ed | | · | ☐ Yes |
| Lessor's name: Description of lease | ed | | | □ No |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Official Form 108 | | Statement of In | tention for Individuals Filing Under Chapter 7 | page 1. |

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| Debtor 1 Harrison, Karan L. | Case number (if known) | |
|--|--|------------------------------|
| Description of leased Property: | | ☐ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Under penalty of perjury, I declare that I have indicated my intention ab property that is subject to an unexpired lease. X Karan L. Harrison Signature of Debtor 1 | out any property of my estate that second X Signature of Debtor 2 | ures a debt and any personal |
| Date June 7, 2016 | Date | |

 $_{B201B\;(Form\;2018)}Case_{2/19}6\text{-}18875$

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Northern District of Illinois, Eastern Division

| IN RE: | Case No | |
|--|--|-------------------------|
| Harrison, Karan L. | Chapter 7 | |
| | E TO CONSUMER DEBTOR(S) E BANKRUPTCY CODE | |
| Certificate of [Non-Attorney] | Bankruptcy Petition Preparer | |
| I, the [non-attorney] bankruptcy petition preparer signing the debto notice, as required by § 342(b) of the Bankruptcy Code. | r's petition, hereby certify that I delivered to | the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address: | petition preparer is the Social Security | |
| Signature of Bankruptcy Petition Preparer of officer, principal, resp partner whose Social Security number is provided above. | ponsible person, or | |
| Certificate of | of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have received and read the | attached notice, as required by § 342(b) of the | he Bankruptcy Code. |
| Harrison, Karan L. | X /s/ Karen L. Harrison | 6/08/2016 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | Case No. |
|---|--|
| Harrison, Karan L. | Chapter 7 |
| CERTIFICATION OF NOTICE UNDER § 342(b) OF THE | |
| Certificate of [Non-Attorney] B | Sankruptcy Petition Preparer |
| I, the [non-attorney] bankruptcy petition preparer signing the debtor's notice, as required by § 342(b) of the Bankruptcy Code. | s petition, hereby certify that I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address: | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) |
| X | (Required by 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of officer, principal, respo partner whose Social Security number is provided above. | nsible person, or |
| Certificate of | the Debtor |
| I (We), the debtor(s), affirm that I (we) have received and read the at | tached notice, as required by § 342(b) of the Bankruptcy Code. |
| Harrison, Karan L. Printed Name(s) of Debtor(s) | X Man How 6/07/2016 Signature of Debtor Date |
| Case No. (if known) | X Signature of Joint Debtor (if any) Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Harrison, Karan L. | | Case No. | | |
|-------------|---|--|----------------------|--------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTO | RNEY FOR D | EBTOR | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, | or agreed to be paid | d to me, for services re | |
| | For legal services, I have agreed to accept | | \$ | 750.00 | |
| | Prior to the filing of this statement I have received | | \$ | 750.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. Т | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | ■ I have not agreed to share the above-disclosed comp firm. | pensation with any other person | unless they are mer | nbers and associates of | f my law |
| [| ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | aw firm. A |
| 5. I | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspect | s of the bankruptcy | case, including: | |
| b c | a. Analysis of the debtor's financial situation, and rendo. Preparation and filing of any petition, schedules, state. Representation of the debtor at the meeting of credited. [Other provisions as needed] | ement of affairs and plan which | may be required; | - | ruptcy; |
| 6. E | By agreement with the debtor(s), the above-disclosed fe | e does not include the following | g service: | | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement for | payment to me for | representation of the d | lebtor(s) in |
| Jι | une 8, 2016 | /s/ Michael R. Rich | nmond | | _ |
| Da | ate | Michael R. Richmo Signature of Attorney | | | |
| | | Heller & Richmon | | | |
| | | 33 N Dearborn St | Ste 1907 | | |
| | | Chicago, IL 60602 | | 2 | |
| | | (312) 781-6700 Fa mrichmond@helle | | 4 | |
| | | Name of law firm | | | |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Harrison, Karan L. | | Case No. | |
|--------------|---|---|-----------------------------|--------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR D | EBTOR |
| cc | presure to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) impensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of | of the petition in bankruptcy | , or agreed to be paid | d to me, for services rendered or to |
| | For legal services, I have agreed to accept | *************************************** | \$ | 750.00 |
| | Prior to the filing of this statement I have received | ······ | \$ | 750.00 |
| | Balance Due | | \$ <u></u> | 0.00 |
| 2. T | ne source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. TI | ne source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4 . ■ | I have not agreed to share the above-disclosed compen firm. | sation with any other person | unless they are men | nbers and associates of my law |
| | I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | |
| 5. Ir | return for the above-disclosed fee, I have agreed to rend | ler legal service for all aspec | ts of the bankruptcy | case, including: |
| b. с. | Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, statem Representation of the debtor at the meeting of creditors [Other provisions as needed] | ent of affairs and plan whicl | n may be required; | |
| 6. B | y agreement with the debtor(s), the above-disclosed fee d | loes not include the following | g service: | |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement fo | r payment to me for | representation of the debtor(s) in |
| <u>Ju</u> | ne 7, 2016 | /s/ Michael R. Ric | | |
| Da | te | Michael R. Richm Signature of Attorne Heller & Richmor | y | |
| | | 33 N Dearborn St Chicago, IL 60602 (312) 781-6700 F mrichmond@hell Name of law firm | 2-3828 ax: (312) 781-673 | 2 |

ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 2nd day of March, 2016 by and between Heller & Richmond, Ltd. (hereinafter referred to as "Attorney) of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 Karan L. Harrison (hereinafter referred to as "Client") of Chicago, IL

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code: and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

TERMS OF AGREEMENT

- 1. Professional Legal Services to be Provided.
- A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:
 - Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file a petition in bankruptcy;
 - 2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
 - 3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
 - 4. Other:
- B. Professional legal services to be provided by "Attorney" to "Client shall not include:
 - 1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
 - Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or,
 - Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
 - 4. The filing of any adversary complaint to determine the dischargability of an otherwise non-dischargeable debt.
- 2. Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client" \$750.00 for the performance of these services (hereinafter referred to as "fee") in addition to the costs of approximately three hundred ninety five dollars** (\$395.00)

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- a. -2- secured creditors: (will surrender both vehicles)
- b. -*- unsecured creditors; (*UP TO 30 UNSECURED CREDITORS)
- c. -0- priority debts; (GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE)

This stated "fee" has been further based upon "Client's representation that he/she has:

- a. -0- law suits pending against him/her;
- b. -0- wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor;
- b. each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client"s driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, if "Client" falls to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" failure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.

"Client" agrees to pay all fees and court costs as follows:

- 1. \$250.00 upon the execution of this agreement;
- 2. Balance due prior to filing, but within 90 days

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$1,145.00 and that any monies paid upon the execution of this agreement are non-refundable and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

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- 4. Termination of Agreement.
- A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.
- B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause shall include, but shall not be limited to the following:
 - 1. "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct;
 - 2. "Client's" failure to promptly pay legal fees or expenses incurred; or
 - 3. Any other permissive or mandatory cause to withdraw form the Attorney-Client relationship as provided for in the Code of Professional Responsibility.

5. "Client" acknowledgment.

- A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.
- B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.
- C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7 "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value.
- D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.
 - E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.
- F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.
- G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.
- H. "Client" hereby warrants and covenants that he/she has truthfully and fully disclosed to "Attorney" all known or suspected information requested by any aspect of the entire Bankruptcy Petition and that it is the responsibility of "Cilent" to be certain that this information is all accurately displayed in the actual Bankruptcy Petition at the time "Client" affixes his/her signature(s) thereto.

** costs include the court filing fee of \$335.00, the online prebankruptcy counseling and online debt management class and the 3bureau credit report of \$60.00 for an individual report or \$70.00 for a joint report for husband and wife.

By: HELLER & RICHMOND, LTD. 33 N. Dearborn Street

Suite 1907 Chicago, IL 60602 (312) 781-6700

Heller & Richmond, Ltd

| AGREE TO | ALL THE | E TERMS | CONTAINED | IN THIS | DOCUMENT |
|-----------------|----------------|---------|-----------|---------|----------|
| , | | | | | |
| • / | 1 1 | | | | |

| By affixing my signature above, i notoby coluny that |
|---|
| I have not filed any petition for bankruptcy within the |
| past 8 years, except as otherwise noted as follows: |
| NONE |

By offiving my cignature above. I hereby cartify that

| • | - | |
|---|---|---------|
| | | NONE |
| | | NI DNR: |
| | | 11011B |
| | | |

YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.